



**University of
Zurich**^{UZH}

**Zurich Open Repository and
Archive**

University of Zurich
University Library
Strickhofstrasse 39
CH-8057 Zurich
www.zora.uzh.ch

Year: 2022

“Practical self-love”—A qualitative interview study on women participating in Self:Cervix: an online sexual mindfulness and sensitivity course

Weitkamp, Katharina ; Laues, Mailin ; Schnell, Thomas

Abstract: There seems to be an increase in online programs offering courses for women to explore their sexuality and to attain more satisfying sexual experiences beyond the stereotypical penetrative sexual experience. One of these online programs is Self:Cervix (S:C). The pillars of S:C are sexual education about genital anatomy, self-massage to release pain and numbness in the genital area especially the cervix (called “de-armouring”), mindfulness techniques to increase pleasure, and learning about consent. Aim of the study was to analyze in-depth the experiences of S:C participants. Six women (35–41 y) participated in the semi-structured interviews. The transcribed interviews were then analyzed with Interpretative Phenomenological Analysis. Four overarching themes were identified: S:C as a desire for change and a challenge, S:C strengthens the awareness for own needs, S:C enhances sensitivity and sensations, and S:C promotes self-compassion. The participating women described not only an increase in sensitivity and orgasmic experiences but also a heightened sense of empowerment and self-compassion. Female sexuality is complex and diverse, thus it seems important to educate about sexuality and empower self-exploration which is central to S:C. Additionally, it seems possible to reduce cervical pain and numbness through self-massage called “de-armouring”.

DOI: <https://doi.org/10.1080/14681994.2019.1696458>

Posted at the Zurich Open Repository and Archive, University of Zurich

ZORA URL: <https://doi.org/10.5167/uzh-182277>

Journal Article

Accepted Version

Originally published at:

Weitkamp, Katharina; Laues, Mailin; Schnell, Thomas (2022). “Practical self-love”—A qualitative interview study on women participating in Self:Cervix: an online sexual mindfulness and sensitivity course. *Sexual and Relationship Therapy*, 37(2):199-214.

DOI: <https://doi.org/10.1080/14681994.2019.1696458>

**“Practical Self-Love” - A Qualitative Interview Study on Women participating in
Self:Cervix: An Online Sexual Mindfulness and Sensitivity Course**

Katharina Weitkamp

Mailin Laues

Thomas Schnell

MSH Medical School Hamburg, Germany

Corresponding author:

Katharina Weitkamp

Universität Zürich

Psychologisches Institut

Binzmühlestrasse 14

8050 Zürich

Switzerland

+41 44 635 75 51

Katharina.weitkamp@uzh.ch

Funding

We received no funding for this research.

Abstract

There seems to be an increase in online programs offering courses for women to explore their sexuality and to attain more satisfying sexual experiences beyond the stereotypical penetrative sexual experience. One of these online programs is Self:Cervix (S:C). The pillars of S:C are sexual education about genital anatomy, self-massage to release pain and numbness in the genital area especially the cervix (called “de-armouring”), mindfulness techniques to increase pleasure, and learning about consent. Aim of the study was to analyse in-depth the experiences of S:C participants.

Six women (35-41y) participated in the semi-structured interviews. The transcribed interviews were then analyzed with Interpretative Phenomenological Analysis.

Four overarching themes were identified: *S:C as a desire for change and a challenge*, *S:C strengthens the awareness for own needs*, *S:C enhances sensitivity and sensations*, and *S:C promotes self-compassion*.

The participating women described not only an increase in sensitivity and orgasmic experiences but also a heightened sense of empowerment and self-compassion. Female sexuality is complex and diverse, thus it seems important to educate about sexuality and empower self-exploration which is central to S:C. Additionally, it seems possible to reduce cervical pain and numbness through self-massage called “de-armouring”.

Keywords

Female sexuality, cervix, qualitative study, female sexual dysfunction

Acknowledgements

We thank the women for their courage and openness to participate in the interviews. We would also like to show our gratitude to Olivia Bryant, who developed S:C, for her support to conduct this study.

1 Introduction

As stated by the World Health Organization (2018), sexual health is an integral part of overall health, well-being and quality of life. However, sexual function disorders are prevalent and may limit the quality of life of the affected persons (Khajehei, Doherty, & Tilley, 2015). An epidemiologic study in the US showed that up to 43% of women and 31% of men suffer from sexual dysfunction (Laumann, Paik, & Rosen, 1999). Although prevalence of sexual dysfunction is higher for women, far more research has been carried out on male sexuality (Komisaruk, Beyer-Flores, & Whipple, 2006). This might be interpreted as a societal mirror of gendered, stereotypically masculine scripts of sexuality which demand that women pay less attention to their own sexual needs and instead prioritize their (mostly male) partner's sexual interests (Fahs, 2014) even at the cost of pain, sexual dissatisfaction, etc. (Elmerstig, Wijma, & Swahnberg, 2013; Fahs, 2014).

Scholarly attention towards the complexity of female sexuality is only currently developing (Basson, 2000; Komisaruk et al., 2006), challenging the notion of the linear sequential model of desire, arousal, peak orgasm, and resolution of Masters und Johnson's human sexual response cycle (Masters & Johnson, 1966). To date, there still seems to be a lot of miseducation and disagreement in the area of female sexuality with misperceptions about the female genitals and sexual experiences. For instance, the cervix has been considered "numb" based on early studies by Kinsey and colleagues (1953). It took decades before this was scientifically challenged. Today we know that the cervix is an organ with highly erogenous abilities (Jannini et al., 2012; Komisaruk & Whipple, 2011; Komisaruk et al., 2004). Moreover, research has shown that the perception of female genitalia is generally negative in the population (Moran & Lee, 2014) and that positive body image is positively correlated to sexual pleasure (Fredrickson & Roberts, 1997; Masters & Johnson, 1970).

The need for research extends to the treatment of sexual dysfunction in women. Recommended treatments which are more or less consistently supported by research (Pereira, Arias-Carrión, Machado, Nardi, & Silva, 2013) are for instance sensate focus, the PLISSIT approach (providing permission, limited information, followed by specific suggestions if the problem is not resolved, followed by intensive therapy), cognitive behavior therapy (CBT), directed masturbation, couple therapy or mindfulness based approaches (Laan, Rellini, & Barnes, 2013). The training of mindfulness can enhance the awareness of bodily sensations hence improving sexual desire and arousal (Brotto, Chivers, Millman, & Albert, 2016).

Therefore, a non-judgmental approach to viewing their own genitals might be another helpful aspect of mindfulness techniques for women.

Beyond these treatments, there seems to be an increasing interest by women (with and without difficulties in sexual functioning) to explore female sexuality beyond the masculine stereotypical penetrative sexual experience. There are a number of approaches offering to help women to a more satisfying sexual experience. The effectiveness of most of these approaches has not been sufficiently studied. These approaches are often online courses with instructions and inspirations for women on how to focus more on their own pleasure and explore the expression of their own individual sexuality (to name a few:

<https://start.omgyes.com/>, <http://mariahfreya.com/reconnect-with-vagina>,
<http://gettingnaked.com.au/2015/02/20/genital-numbness-vagina-asleep/>).

One of these online courses is Self:Cervix (S:C) which was created in 2016 by sex therapist Olivia Bryant. The program aims to “heal the cervix so that it can become the organ of pleasure that it is proved to be” (Olivia Bryant, personal communication). The method is designed to alter and intensify sexual pleasure for women based on Tantric knowledge (Lousada & Angel, 2011). The pillars of S:C are sexual education about genital anatomy, self-massage to release pain and numbness in the genital area especially the cervix (called “de-armoring”), mindfulness techniques for pleasure, and learning about consent. The format is a three-week online course with daily video input and a confidential and closed online forum with the opportunity to share the experiences in a secure and confidential space with other participants or to get in touch with the program host if additional support is needed. These online courses are repeated about four times a year and it is suggested to continue practicing de-armoring and joining in for consecutive courses.

The aim of the current study was to explore the individual experiences and perceived effects of S:C in women who participated in the program. The research question for this qualitative interview study was: How do women experience their participation in S:C and do they notice any changes? The effectiveness of S:C was further tested with a controlled trial and will be published elsewhere (anonymised).

Method

Participants

Six women were recruited and interviewed about their experiences with the S:C course. The women were 35 to 41 years of age ($M = 35.83$, $SD = 3.13$). Three of the women were from Germany, two from Austria, and one from Switzerland. All of them had already participated in at least two rounds (three weeks each) of the S:C course. Two of the women

reported past experiences with sexual abuse, one had an abortion, another one reported having suffered from chronic vaginal mycosis since her adolescence (which healed during the participation in S:C).

Procedure

Eligible women were contacted via e-mail newsletter by Olivia Bryant and informed about the study. The request was directed at women who had experienced numbness and pain in the vagina or cervix prior to S:C and who had taken part in S:C. Study participation was voluntary and the women did not receive any financial compensation. Interested women contacted the research group and individual appointments for an interview in person or via phone were scheduled after they gave their written and signed informed consent. Before the interview, it was emphasized that the interviewee could skip questions or withdraw from the interview at any point. The length of the interviews varied between 17 and 41 minutes ($M = 25.33$ min, $SD = 8.69$). The Interviews were transcribed verbatim. To attain anonymity, the names of participants were replaced by pseudonyms. We omitted other potentially identifying data such as places or professions. Interviews took place in March and April 2017. The ethics board of the (omitted) approved of the study.

Interview guideline

For the semi-structured interviews, we used an interview guideline. Open questions were designed to encourage the women to speak freely and as open as possible about their experiences. The interview guideline covered the woman's relationship with her genitals before S:C; the experience of participating in S:C; perceived changes after S:C; and experience of the accompanying online group discussions. Further, women were asked about program adherence in terms of duration and frequency and whether the women modified or adjusted the S:C proceedings to suit their needs. Open-ended questions from the interview might be, "How did your interest in S:C emerge?" or "What changes did you notice in your sexual arousal?". To be able to adjust flexibly to the flow of the conversation, all questions could be adapted to the situation during the interview. Sociodemographic information like age, nationality or sexual preferences was asked at the end of the interview.

Data Analysis

For data analysis, we used Interpretative Phenomenological Analysis (IPA) developed by Smith and colleagues (1997). IPA is an appropriate approach when the aim is to explore how people make sense of specific experiences and is an inductive approach, which allows topics to emerge from the data that were not anticipated by the researchers. IPA may be used for small homogenous sample sizes ($n=4-8$; Smith, Flowers, & Larkin, 2009).

To execute an IPA there are several steps to follow. The first step includes the careful reading of each transcript multiple times and commenting on parts, which seem to be noteworthy. These comments were made in three ways: a) descriptive, identifying what is said, like key phrases, descriptions; b) linguistic, considering the “how” along the “what” is said, like the use of metaphor, pauses, laughter, repetitions; c) conceptual, developing questions about meaning on a more interpretative level (Cooper, Fleischer, & Cotton, 2012). In the next step, the researcher was only working with these comments. The goal was to transfer the comments into condensed emerging themes from the interview (e.g. “After S:C Danielle knows more about what she wants regarding to her sexual experience”). At first, each interview was analyzed individually. Only at the final step of IPA, we looked at the main overarching themes across the different cases, merging them into superordinate themes. ML analyzed the data and was audited by KW.

Results

Four superordinate themes were identified across all interviews: *Self:Cervix as desire for change and a challenge*, *Self:Cervix strengthens the awareness for own needs*, *Self:Cervix enhances sensitivity and sensations*, and *Self:Cervix promotes self-compassion*. These themes will be presented in turn and illustrated by participants’ quotes. The first theme *Self:Cervix as a desire for change and a challenge* displays a variety of reasons why the women started their participation in S:C. The other themes relate to the experienced changes after participation in S:C.

1. Self:Cervix as a Desire for Change and a Challenge

In every interview, there was a strong desire for change noticeable as a motivation for participating in the course. Even if the women could not always directly verbalize their motivation, it became clear that most of them tried to make sense of past personal experiences through the S:C course. Because of that, some of them experienced frustration or were confronted with unexpected negative emotions throughout the course. For example, Penelope said she reacted very emotionally when she was reading an article about S:C. She experienced a feeling of having an “old memory”. She further described the course as “intense” and that she was not able to do the exercises every day. A subliminal sense of sadness appeared in the interview. As the interview proceeded, she told us that she has had an abortion in the past. Because of the S:C course she was thinking back to this abortion and the “intrusion into a woman’s body”:

“I have had an abortion in the past and, ehm, like then I somehow came back to this abortion and I asked myself how does this actually work, what is there, what exactly happens to a woman during this procedure?” (Penelope)

She further described how she felt. She was “flooded” by thoughts about that abortion when she participated in S:C. It seems that the abortion was not really present in her conscious mind and this seemingly unprocessed experience came up again during the de-armoring. The desire for change was also prevalent in the other interviews. For example, Mona told that because of the course she learned a lot about the cervix and its functions for the first time. During the interview, she described her inability to have any sensations in her clitoris, since she had experienced sexual abuse in her childhood. The course was a chance for her to change this:

“Through the exercises, I learned to touch my clitoris again. And then the dam broke, suddenly I started to cry and cry and cry and cry. But I was thankful, well, thankful to finally get in touch with these feelings again.” (Mona)

Like Penelope, Mona also got in touch with her hidden feelings. Furthermore, the desire for change was seen in the interviews also in relation to sexual desire. For example, Wilma spoke about her lack of interest in sexuality before she started the course. She had a feeling that regarding her sexuality “there was more to explore”. There **was** a strong sense of her desire to experience something new:

”Well, I had the feeling that somehow it should go deeper. I noticed a growing lack of interest in sexuality in myself and I was interested in this, what exactly does this mean. Especially this lack of interest was interesting to me (laughing).” (Wilma)

The desire to change something through the S:C course could be felt also when talking to the other women. Gaby’s answer to why she participated was:

“Because I was intensely, intensely occupied with the topic of sexuality and also I have a lot to process and to resolve for myself.” (Gaby)

It seemed that all of the women tried to use the course to resolve some very deep and personal topics. Therefore, participation in the course was not always easy for them. This **was** also noticeable from the women’s word usage describing the course as an “intense challenge”, “sometimes very, very, very frustrating” and also “demotivating”. However, all of the women adopted a strong sense of endurance which again reflects the strong desire for change in their lives and to a certain degree also the benefits experienced from S:C.

“Yes, at first it was challenging for me, but I think that is also a good thing. You have to make an effort, if you want to change something. For me that was essential and I knew that I need this for my life (laughing) or my sex life.” (Danielle)

2. Self: Cervix improves Awareness of own Needs

During the interviews the women spoke about how their participation in S:C made them more aware of their own needs and desires. They felt that after the course it was easier for them to make decisions, not only relating to their sexuality. Because of this, some women felt more authentic. All of the women suggested that S:C in general seemed to be an opportunity to learn about one’s own needs:

“I think it is a good opportunity to get to know your own sexuality, well, to get familiar with your own body or with your own behavior. Yes, indeed.” (Wilma)

The increase in awareness about their own needs was also prevalent when some of the women noticed they were able to recognize their own boundaries more easily:

“Well, I pay a lot more attention to my boundaries now. That has become very important to me, this inner ‘yes’.” (Felicia)

“Holding my boundaries, ehm, or my awareness, the awareness of my boundaries and the defense of my boundaries has developed on so many levels and it is still developing.” (Gaby)

Gaby’s strong expression “the defense of my boundaries” emphasized the importance of this development. When asked for an example for defending her boundaries she replied:

“For example, when someone asks me for a favor, I try to figure out if I really want to do it (laughing). I don’t say ‘Yes’ right away or I don’t feel guilty right away when I say ‘No’, especially when it comes to my sexuality.” (Gaby)

She spoke about guilt in regards to expressing her needs. It **seemed** that in the past she has had difficulties saying “No” and neglected her own needs and desires when it came to her sexuality.

Paying more attention to their own needs and boundaries was prevalent in all interviews. Danielle noticed that it was easier for her to communicate when she needed time for herself with regards to different areas of her life. Furthermore, she said that she was now able to “see” when she felt overwhelmed. She got better at recognizing her needs. Because of that, her sex life also changed. About the relationship with her partner, she said:

“Now I know a lot better what I want and I am able to communicate this very well with my partner.” (Danielle)

Mona also described how during the time of the S:C course she started to make a list for her husband including all her desires. She wrote down exactly which body parts she likes to be touched.

The improvement of awareness of one's needs and desires was also noticeable within the women beyond their sexuality. The women spoke about life in general; for example, some of the women mentioned being better able to communicate their opinions more easily:

“Regarding work and private appointments or courses, well, I got a lot better at saying that today I just need time for myself.” (Danielle)

Felicia also experienced that she developed a need to “take more time for things” while Gaby was feeling the need for connection:

“There is another focus now, maybe it was there before, but I didn't really see it. But this desire for connection with somebody increased considerably.” (Gaby)

3. Self:Cervix enhances Sensitivity and Sensations

In all interviews, the women expressed an enhancement in the perception of body sensations through the repeated exercises of self-stimulation. Furthermore, feelings of genital pain and numbness seemed to decline due to the exercises. For example, Gaby spoke about how the perception of her cervix changed. She experienced a “high level of vitality” because of that change in perception. She also voiced an enhanced sensitivity regarding other processes in her body:

“Yes, so there is just an insane amount of awareness, and how do you call it? More noticing that there is something happening in my body. My whole body perception is more intense and different than before.” (Gaby)

Her use of the word “insane” illustrated the high level of change she experienced, as if she would not have expected this kind of intense shift in her self-perception. The other women experienced similar results. For example, Penelope spoke about how her experience of orgasm got “much, much, much more intense”. For Mona, who was not able to feel anything in her clitoris after experiencing sexual abuse in her childhood, her sexual experience also got more “intense”. More precisely, all of the women experienced an intensified perception of touch:

“I like to feel myself more. Touch is way more sensual now, when I take a shower or put lotion on. It feels like the touch on my skin is completely different now, when I touch myself and also when my partner touches me.” (Danielle)

Wilma also described that the change in her body perception also affected her desires and wishes:

“I had the feeling that right after three weeks [of S:C], my body was kind of massaged from the inside, very soft and so on and also the sexual experience was stronger. That was definitely enriching for me. I also felt more sensitive and due to that, I developed certain demands. There are more desires now and that is really positive.” (Wilma)

Concerning their sexuality, the women also spoke about how their experience of pain decreased. Penelope explained how she is not so “tense” anymore and due to that, she experienced more sexual pleasure. In addition, her experience of orgasm got more intense:

“I have the feeling that the orgasm can glide through my whole body, it is like a full-body orgasm.” (Penelope)

Some women described that their partners also noted the change, as Danielle expressed:

“I think he noticed that I feel more. I was very numb before and often felt a lot of pain. [...] We were able to completely eliminate the pain. When we have sex now, in whatever way, I am more sensitive.” (Danielle)

4. Self:Cervix promotes Self-Compassion

Overall, it seemed that through the course all of the women started to treat themselves in a more compassionate manner. Some of the women began to accept things about themselves which bothered them before. Furthermore, all of the women noticed an increased amount of appreciation and self-confidence, also for their own bodies. Gaby explained how she used masturbation to reduce stress in the past. However, she described her experience with the de-armoring as pleasurable which seemed to surprise her:

“Yes, this way of self-love or practical self-love (laughing) masturbation, that was a very new way for me to give me that time as a gift so to say - to give this room to myself and allow myself to have this, this pleasure and this beautiful experience. To me, this was quite a new and very unusual approach.” (Gaby)

Interestingly, Gaby described the self-massage as “practical self-love”. Her choice of words ‘to allow herself to have this pleasure’ sounded like this kind of self-love is a risk or may be connected to guilt and shame. Furthermore, she talked about how she appreciated her femininity more and felt more connected to other women in a less competitive fashion:

“And if you are asking me how I perceive my femininity, this really changed but not just with regards to myself but also in how I see other women. I noticed that I often thought about other women in a competing way and this for me changed because of this

appreciation of femininity in general. There is more enthusiasm and a kind of appreciation now.” (Gaby)

All of the women experienced being more compassionate about themselves after the S:C course. For example, Danielle explained how she started to disregard her own demand of perfection:

“I don’t have to do everything perfectly. Now I can reflect on how I feel right now. I can take a step back and look at myself, ehm, maybe in a loving way?” (Danielle)

In the course of the interview, Danielle said that she had always had the feeling that she has to be “hard” and “tough” and “determined”. It seemed that she previously had very high standards for herself. This condition also changed throughout the course:

“And because of the course I have learned a bit more about softness. I also learned that when I’m gentle with myself, I will still reach all my goals, even if I reflect before or if I take my time. If I don’t give 120% all the time, I still get the same, I still get the same result in the end. You don’t have to ask too much of yourself permanently.” (Danielle)

Danielle noticed that she could still reach her goals and be successful even if she **treated** herself more compassionately. Her choice of words “ask too much of yourself permanently” **reflected** how over-demanding she used to be. This also appeared in other interviews. Mona also described how she started to treat herself more forgivingly. During the course she often thought about whether she was actually allowed to take this precious time for herself. She also revealed she felt guilty lying down and relaxing while her husband was at work.

Through the course, she learned that it was **all right** to do something nice for herself:

“I realized that it is okay if I treat myself well and that I am allowed to take good care of myself. Yes, I am worth it and I am allowed to have this self-compassion and self-love for myself. Yes, I think, this was the strongest change for me.” (Mona)

The other women also noticed an increased amount of compassion for themselves. This was particularly clear in the following quote from Danielle:

“And when I did the course for the second time, I learned a lot of different things. I learned what it really means to touch myself lovingly. This was life changing for me, because I realized how lovingly I touch my partner or my friends or all kinds of people and how unlovingly I touch myself (laughing).”

Gaby described how she would usually put herself under a lot of pressure. During the interview, she spoke about how she completely abandoned this way of treating herself. She also realized that putting herself under pressure made her react in a rather resistant way.

When we talked about how she felt right at that moment, she answered:

“I feel something like standing upright, something straight, and something soft and strong. Ehm, and there is clarity, even if it does not sound like it at the moment (laughing). There is a lot more calmness and, ehm, some kind of trust and self-confidence, yes.” (Gaby)

She described herself as upstanding, straight, strong and yet soft which seemed quite some change in contrast to her former account of constantly putting herself under pressure. In the interview, she seemed proud and confident. She also expressed a desire for more openness to talk about tabooed subjects of femininity or female sexuality:

“Yes, I wish that more women would know about it and participate and that it would become more normal to talk about, and that all of us will take better care of ourselves.” (Gaby)

Discussion

In the present study we analyzed the experiences of women who took part in Self:Cervix, an online program that aims to alter and intensify sexual pleasure in women with a particular focus on the cervix. The pillars of S:C are sexual education about genital anatomy, self-massage to release pain and numbness in the genital area especially the cervix (called “de-armoring”), mindfulness techniques to enhance pleasure perception, and learning about consent. The analysis of the interviews resulted in four overarching themes, which will be discussed in turn. Most striking was that participation in S:C helped build a more loving and caring relationship with oneself. This self-care also affected the daily lives of the women positively, showing a strong link between sexual empowerment and life in general. As stated above, the WHO considers positive sexual experiences to be an integral part of a healthy life relevant for overall well-being, mirroring the findings from this study.

S:C incorporates methods akin to established treatments of sexual dysfunction such as psychoeducation about the female body. Additionally, the instructions for self-massage share some similarities with the masturbation intervention for the treatment of sexual dysfunction (Boyer, Goldfinger, Thibault-Gagnon, & Pukall, 2011; Laan et al., 2013). Specifically, orgasmic difficulties are often related to a lack of knowledge and inadequate stimulation techniques and are therefore more easily reversible or treatable than other sexual functioning disorders (Phillips, 2000). Education and practice of adequate masturbation techniques can lead to a rapid improvement in sexual experiences, which may be accountable for parts of the described effects of S:C. However, S:C goes beyond these simple techniques of clitoral

stimulation. The exercises in S:C focus on the vaginal area as well as the cervix. The ‘de-armoring’ method can be understood as a type of massage, which is thought to release tension and numbness as well as build neural connections. This leads to a deepened sexual experience and an increase in pleasure. In physiotherapeutic and osteopathic practice, techniques similar to de-armoring are applied to release trigger points also known as myofascial release (Barnes, 1997; Chaitow, 2007; Oyama et al., 2004). Additionally, the encouragement of mindful awareness plays a relevant role in this course in line with other findings on mindfulness in this field. In regard to the improvement of sexuality, mindfulness training has been proven to be effective for different kinds of women with/out sexual dysfunctions, survivors of sexual abuse, as well as men suffering from a sexual dysfunction (Brotto & Goldmeier, 2015).

All women regarded the S:C course as an opportunity for change and growth. For some, the program served as a way to revisit and reprocess negative experiences. For example, during the interview, topics such as abortion and sexual abuse were addressed. Throughout the course, the women were often confronted with difficult emotions emerging during the practice and feelings of frustration. This points towards the fact that, for some women, the S:C course may be of therapeutic value, since they got to process negative experiences. While the processing of re-emerging negative emotions may serve as a release and may have been experienced as beneficial for the women, feelings of frustration and sadness about the intensity of the numbness and pain or the experience of a lack of “progress” may have been difficult to contain by the women on their own. In this line, some of the women spoke about the benefits of sharing in the Facebook group and hearing about similar experiences. For some women closer guidance may be beneficial or a training with less intensity e.g. not on a daily basis for three weeks. Additionally, with sexuality being a sensitive topic potentially connected to traumatic experiences, there is a need for protective mechanisms in place to safeguard vulnerable participants. S:C offered detailed information on what to expect and how to deal with difficult emotions, plus offering individual support with trained sex therapists if needed. However, due to the online nature of S:C, affected women would have needed to actively seek help. This is potentially a critical point of S:C which needs to be addressed in more detail in the future. Still, the participants in this study were able to face emerging negative emotions themselves, even though for some these meant re-emerging traumatic events like sexual abuse and abortion.

Overall, the women reported an increased awareness of their own needs. This could have been the result of the meditative mindfulness training as part of S:C. The women talked

about taking better care of themselves during sex and in their day-to-day lives, being more gentle with themselves and letting go of more masculine traits like being “tough” and “hard”. Their descriptions reminded us of a state of mindful awareness. As previously mentioned, mindfulness is understood as a state of awareness, in which the individual is able to direct his/her attention towards any current event without judgement (Kabat-Zinn, 1990). Through this experience it could be possible to impartially moderate one’s mood and better acknowledge one’s needs. According to Kabat-Zinn (1990) mindfulness leads to a raised state of consciousness. In research literature, the effect of mindfulness pertaining to sexual dysfunction is mostly explained through an enhanced attention to sexual stimuli (Brotto et al., 2016). It should not be disregarded that mindfulness can amongst other things facilitate the awareness of a person’s own needs and hereby lead to positive consequences in the sexual realm. However, the benefits of S:C seem to go beyond mindful awareness in sexual situations by encouraging a loving and caring relationship with oneself as well as supporting awareness of one’s own boundaries (sensing a “yes” or a “no” from the body). Both of these aspects might be unique to S:C and a positive effect of participation in the course. For instance, the women talked about the fact that through the recognition of boundaries they were better able to make decisions and thereby experienced a higher degree of authenticity. It seems as if the women acquired a higher sense of empowerment. The relevance of empowerment in relation to a healthy sexual life seems to be recognized in the field of sex education as well (Grose, Grabe, & Kohfeldt, 2014).

Additionally, all women reported having been sensitized through the exercises. Hypotheses about mindfulness training relating to sexual experience postulate that this kind of training can strengthen the body's sensory perception leading to an increased sexual experience. It seemed like sensory perceptions increased in participants. One possible explanation comes from an experiment with rats. Conde and Komisaruk (2012) found that through vaginal and cervical stimulation new nerve endings were formed. This may be translated to the experienced sensitization following the vaginal and cervical self-massages, even though findings from rat samples cannot be easily generalized to the human population. Further research in this field seems warranted.

Moreover, all women reported an intensified awareness of the genital area and the whole body as well as orgasmic experiences which one woman described as “much, much, much more intense”. Some spoke about the reduction of pain during partnered sex. A few studies have confirmed the notion that vaginal and cervical stimulation can have analgesic effects (Whipple & Komisaruk, 1988). Conde and Komisaruk (Conde & Komisaruk, 2012)

postulate that through stimulation, the neuropeptide vasoactive intestinal peptide (VIP) is released which can block pain. However, the generalization of these results is also questionable since the study was conducted on animals.

Additionally, it is unclear how numbness and pain in the genital area emerge in the first place. Heim and her colleagues (2013) offer one potential explanation. This group of researchers noticed that individuals who had experienced some sort of sexual abuse during their childhood displayed structural changes in their brain. They also observed significant pruning in areas of the somatosensory cortex, responsible for the representation and perception of female genitalia in women who had experienced any kind of sexual abuse during their childhood. These modifications can be seen as a protective brain mechanism since they lead to a suppression of sensory perception in the genital area (Heim et al., 2013). Subsequent difficulties with sexual arousal and feelings of numbness can be explained by this mechanism. However, further investigation in this field is needed in particular for the potential benefit of S:C for this group of women.

Additionally, the women mentioned that they noticed a more friendly and appreciative attitude towards themselves and their femininity. It seems like S:C helped the women to develop a higher degree of self-compassion. One woman even described the self-massages in the course as “practical self-love”. Only now with S:C they seemed to have started to allow themselves to take the space and time for their own pleasure. The women also talked about more appreciation and self-care when it comes to their own bodies. This finding was similar to a study that examined the relationship between self-compassion and dissatisfaction with one’s body (Toole & Craighead, 2016). Women who participated in a one-week online meditative self-compassion training and developed a higher sense of self-compassion and subsequently were able to better appreciate their own body (Toole & Craighead, 2016). Furthermore, our interviews revealed that this newly found self-compassion was not easily acceptable for some of the women, as one woman talked about feelings of guilt when pampering herself.

Finally, the experience of reading or actively participating in the Facebook group sharing seemed to have been quite beneficial for the women. One of the women reported that through the sharing of their stories with other women in the Facebook group, she was more able to accept her own weaknesses. Here, the “sense of humanity” aspect included in the definition of self-compassion becomes quite clear. The sharing among the women provides a support and a comfort that they are not facing their problems alone.

Limitations

With the qualitative analysis, we aimed to give an in-depth narrative of the experiences with this potentially new approach for the treatment of female sexual dysfunction. The steps of the Interpretative Phenomenological analysis were partially carried out in parallel by two researchers to ensure a grounding of interpretations in the material and enhance trustworthiness. Additionally, the women volunteered to participate. Thus, we had a sample of women who felt confident and open to talk about their sexuality. Most of these women shared an interest in sexuality and had been participating in similar workshops or courses for years already; this will have biased the findings. Thus, the analyses reflect the experiences of this particular group of women and are not representative of a larger group, and yet they offer useful themes, worthy of further exploration.

There are ample starting points for future research, some already mentioned above. It would be interesting to see quantitative data on the changes the women experienced, for instance following women longitudinally and observe their genital sensitivity, orgasmic experiences, and mental health with questionnaire data. Currently, a controlled trial is on the way (reference omitted). Additionally, research is needed with women suffering from specific sexual functioning disorders. The women reported varying reasons for participation in S:C, indicating that the S:C course may be able to encompass several aspects women seek help for. Due to the many similarities to the treatment of sexual dysfunction, S:C may represent a new form of intervention addressing problems in women's sexuality and their sexual experiences. However, from this it cannot be predicted that the S:C course might be an adequate measure for specific sexual dysfunctions because the women participating in this study were not knowingly affected by any type of sexual dysfunction. It could be of merit to study the effect of S:C in a group of women who are clinically diagnosed with a sexual dysfunction. Additionally, more research is needed to clarify contra/indications, since some women described S:C as challenging and at times frustrating. Even though the narratives were quite positive, S:C might not be the ideal intervention for every woman. Future research should also focus more on the sensitivity of the cervix, in particular how the described feelings of numbness and pain may develop in the first place.

Conclusions

In this study, women who participated in S:C described their experiences as beneficial if at times challenging. S:C seemed to have positive effects on sensitivity and orgasmic experiences, resulted in an increase in women's awareness of their own needs and boundaries. This effect generalized beyond partnered sex into the day-to-day activities.

Moreover, it seems possible to reduce cervical pain and numbness through the self-massage technique called “de-armoring”. Additionally, the women described a heightened sense of empowerment and self-compassion. Female sexuality is complex and diverse, thus it seems important to educate about sexuality and empower self-exploration which is central to S:C. Moreover, the platform for confidential and supportive exchange about sexuality as experienced in the accompanying Facebook group seemed to have been another beneficial factor of S:C creating an opportunity to talk about topics which still seem to be taboo. To sum it up with the words of one of the women, S:C is “practical self-love” and another hoped that the benefits of S:C and the openness in the group chat would spread to include all women, so “that it will be normal to talk about, and that all of us will take better care of ourselves.”

Declaration of Interest

We have no conflict of interest.

References

- Barnes, M. F. (1997). The basic science of myofascial release. *Journal of Bodywork and Movement Therapies*, 1, 231–238.
- Basson, R. (2000). The female sexual response: A different model. *Journal of Sex and Marital Therapy*, 26, 51–65. <https://doi.org/10.1080/009262300278641>
- Boyer, S. C., Goldfinger, C., Thibault-Gagnon, S., & Pukall, C. F. (2011). Management of female sexual pain disorders. *Advances in Psychosomatic Medicine*, 31, 83–104. <https://doi.org/10.1159/000328810>
- Brotto, L. A., Chivers, M. L., Millman, R. D., & Albert, A. (2016). Mindfulness-based sex therapy improves genital-subjective arousal concordance in women with sexual desire/arousal difficulties. *Archives of Sexual Behavior*, 45, 1907–1921. <https://doi.org/10.1007/s10508-015-0689-8>
- Brotto, L. A., & Goldmeier, D. (2015). Mindfulness interventions for treating sexual dysfunctions: The gentle science of finding focus in a multitask world. *Journal of Sexual Medicine*, 12, 1687–1689. <https://doi.org/10.1111/jsm.12941>
- Chaitow, L. (2007). Chronic pelvic pain: Pelvic floor problems, sacro-iliac dysfunction and the trigger point connection. *Journal of Bodywork and Movement Therapies*, 11, 327–339. <https://doi.org/10.1016/j.jbmt.2007.05.002>
- Conde, D., & Komisaruk, B. R. (2012). A neuroanatomical correlate of sensorimotor

- recovery in response to repeated vaginocervical stimulation in rats. *Frontiers in Physiology*, 3, 100. <https://doi.org/10.3389/fphys.2012.00100>
- Cooper, R., Fleischer, A., & Cotton, F. A. (2012). Building connections: An Interpretative Phenomenological Analysis of qualitative research students' learning experiences. *The Qualitative Report*, 17, 1–16.
- Elmerstig, E., Wijma, B., & Swahnberg, K. (2013). Prioritizing the partner's enjoyment: A population-based study on young Swedish women with experience of pain during vaginal intercourse. *Journal of Psychosomatic Obstetrics and Gynecology*, 34, 82–89. <https://doi.org/10.3109/0167482X.2013.793665>
- Fahs, B. (2014). Coming to power: Women's fake orgasms and best orgasm experiences illuminate the failures of (hetero)sex and the pleasures of connection. *Culture, Health & Sexuality*, 16, 974–988. <https://doi.org/10.1080/13691058.2014.924557>
- Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification Theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21, 173–206.
- Grose, R. G., Grabe, S., & Kohfeldt, D. (2014). Sexual education, gender ideology, and youth sexual empowerment. *Journal of Sex Research*, 51, 742–753. <https://doi.org/10.1080/00224499.2013.809511>
- Heim, C. M., Mayberg, H. S., Mletzko, T., Nemeroff, C. B., & Pruessner, J. C. (2013). Decreased cortical representation of genital somatosensory field after childhood sexual abuse. *American Journal of Psychiatry*, 170, 616–623. <https://doi.org/10.1176/appi.ajp.2013.12070950>
- Jannini, E. A., Rubio-Casillas, A., Whipple, B., Buisson, O., Komisaruk, B. R., & Brody, S. (2012). Female orgasm(s): One, two, several. *Journal of Sexual Medicine*, 9, 956–965. <https://doi.org/10.1111/j.1743-6109.2012.02694.x>
- Kabat-Zinn, J. (1990). *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation*. London: Piatkus.
- Khajehei, M., Doherty, M., & Tilley, P. J. M. (2015). An update on sexual function and dysfunction in women. *Archives of Women's Mental Health*, 18, 423–433. <https://doi.org/10.1007/s00737-015-0535-y>
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia: WB Sanders Co.
- Komisaruk, B. R., Beyer-Flores, C., & Whipple, B. (2006). *The science of orgasm*. Baltimore: Johns Hopkins University Press.

- Komisaruk, B. R., & Whipple, B. (2011). Non-genital orgasms. *Sexual and Relationship Therapy*, 26, 356–372. <https://doi.org/10.1080/14681994.2011.649252>
- Komisaruk, B. R., Whipple, B., Crawford, A., Liu, W. C., Kalnin, A., & Mosier, K. (2004). Brain activation during vaginocervical self-stimulation and orgasm in women with complete spinal cord injury: fMRI evidence of mediation by the vagus nerves. *Brain Research*, 1024, 77–88. <https://doi.org/10.1016/j.brainres.2004.07.029>
- Laan, E., Rellini, A. H., & Barnes, T. (2013). Standard operating procedures for female orgasmic disorder: Consensus of the International Society for Sexual Medicine. *Journal of Sexual Medicine*, 10, 74–82. <https://doi.org/10.1111/j.1743-6109.2012.02880.x>
- Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual dysfunction in the United States. *JAMA*, 281, 537. <https://doi.org/10.1001/jama.281.6.537>
- Lousada, M., & Angel, E. (2011). Tantric orgasm: Beyond Masters and Johnson. *Sexual and Relationship Therapy*, 26, 389–402. <https://doi.org/10.1080/14681994.2011.647903>
- Masters, W. H., & Johnson, V. E. (1966). *Human sexual response*. New York: Little, Brown.
- Masters, W. H., & Johnson, V. E. (1970). *Human sexual inadequacy*. Boston: Little, Brown.
- Moran, C., & Lee, C. (2014). What's normal? Influencing women's perceptions of normal genitalia: An experiment involving exposure to modified and nonmodified images. *BJOG: An International Journal of Obstetrics and Gynaecology*, 121, 761–766. <https://doi.org/10.1111/1471-0528.12578>
- Oyama, I. A., Rejba, A., Lukban, J. C., Fletcher, E., Kellog-Spadt, S., Holzberg, A. S., & Withmore, K. E. (2004). Modified Thiele massage as therapeutic intervention for female patients with interstitial cystitis and high-tone pelvic floor dysfunction. *Adult Urology*, 64, 862–865. <https://doi.org/10.1016/j.urology.2004.06.065>
- Pereira, V. M., Arias-Carrión, O., Machado, S., Nardi, A. E., & Silva, A. C. (2013). Sex therapy for female sexual dysfunction. *International Archives of Medicine*, (1), 37. <https://doi.org/10.1186/1755-7682-6-37>
- Phillips, N. A. (2000). Female sexual dysfunction: Evaluation and treatment. *American Family Physician*, 62, 127–136.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis - Theory, method and research*. London: Sage.
- Smith, J. A., Flowers, P., & Osborn, M. (1997). Interpretative Phenomenological Analysis and the psychology of health and illness. In L. Yardley (Ed.), *Material discourses and health* (pp. 68–91). London: Routledge.
- Toole, A. M., & Craighead, L. W. (2016). Brief self-compassion meditation training for body

image distress in young adult women. *Body Image*, 19, 104–112.

<https://doi.org/10.1016/j.bodyim.2016.09.001>

Whipple, B., & Komisaruk, B. R. (1988). Analgesia produced in women by genital self-stimulation. *The Journal of Sex Research*, 24, 130–140.

World Health Organization. (2018). Sexual and reproductive health: Definition. Retrieved from <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2011/06/sexual-health-throughout-life/definition>